

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

*10/010892*

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |  |              |                          |
|----------------------------------|--|--------------|--------------------------|
| TOTAL CLAIMS                     |  |              |                          |
| FOR                              |  | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          |  | minus 20=    |                          |
| INDEPENDENT CLAIMS               |  | minus 3 =    |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |  |              | <input type="checkbox"/> |

| SMALL ENTITY |        | OTHER THAN<br>OR SMALL ENTITY |        |
|--------------|--------|-------------------------------|--------|
| RATE         | Fee    | RATE                          | Fee    |
| BASIC FEE    | 355.00 | OR BASIC FEE                  | 710.00 |
| X\$ 9=       |        | OR X\$18=                     |        |
| X40=         |        | OR X80=                       |        |
| +135=        |        | OR +270=                      |        |
| TOTAL        |        | OR TOTAL                      |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                    |
|--|---|-------|---|-------------------------------------|
|  | Total                                     | 15    | Minus                                       | .. 20 =                             |
| Independent                                    | 5   | Minus | .. 3 =                                      | <input checked="" type="checkbox"/> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                                     |

| SMALL ENTITY |                        | OTHER THAN<br>OR SMALL ENTITY |                        |
|--------------|------------------------|-------------------------------|------------------------|
| RATE         | ADDI-<br>TIONAL<br>FEE | RATE                          | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=       |                        | OR X\$18=                     |                        |
| X40=         |                        | OR X80=                       |                        |
| +135=        |                        | OR +270=                      |                        |
| TOTAL        |                        | OR TOTAL                      |                        |
| ADDIT. FEE   |                        | ADDIT. FEE                    |                        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  | Total                                     | Minus | **  | =                        |
| Independent                                    | Minus                                     | ***   | =   | <input type="checkbox"/> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                          |

| RATE ADDITIONAL FEE |  | RATE ADDITIONAL FEE |  |
|---------------------|--|---------------------|--|
| X\$ 9=              |  | OR X\$18=           |  |
| X40=                |  | OR X80=             |  |
| +135=               |  | OR +270=            |  |
| TOTAL               |  | OR TOTAL            |  |
| ADDIT. FEE          |  | ADDIT. FEE          |  |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  | Total                                     | Minus | **  | =                        |
| Independent                                    | Minus                                     | ***   | =   | <input type="checkbox"/> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                          |

| RATE ADDITIONAL FEE |  | RATE ADDITIONAL FEE |  |
|---------------------|--|---------------------|--|
| X\$ 9=              |  | OR X\$18=           |  |
| X40=                |  | OR X80=             |  |
| +135=               |  | OR +270=            |  |
| TOTAL               |  | OR TOTAL            |  |
| ADDIT. FEE          |  | ADDIT. FEE          |  |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.